



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 11/18/2019

Permit No.: B2019-4785

Date Issued: 11-27-19

By: *[Signature]*

Payment Type: *Visa*

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15575 SW Nora RD

City/State/ZIP: Beaverton, OR 97007

Suite/bldg./apt. no.:

Project name: Huffman retaining wall

Cross street/directions to job site: 155 th

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Build six foot tall retaining wall near edge of property. Wall to be 100 feet long with 65 feet at the six foot height and the remaining wall sloping in height to three feet on each end.

☒ PROPERTY OWNER

☐ TENANT

Name: Teresa Cortese

Address: 15575 SW Nora RD

City/State/ZIP: Beaverton, OR 97007

Phone: (503) 590-7735

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name: Jeff Huffman

Address: 6520 SW Wilson ave

City/State/ZIP: Beaverton, OR 97007

Phone: (503) 810-5876

Fax:

E-mail: icanbuildit@aol.com

CONTRACTOR

Business name: Mac Concrete

Address: 20362 SW Skiver

City/State/ZIP: Aloha, OR 97007

Phone: (503) 329-0445

Fax:

CCB lic.: 176314

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$8500.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$162.16

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature:

Print name:

Jeff Huffman

Date:

11/15/19

reference B2018-5859 for plan review fees.

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10/08/2019
Date Issued: 11-26-19
Permit No.: B2019-4197
By: *ML*
Payment Type: *Check*

TYPE OF WORK

☒ New construction - Replacing home
☐ Addition/alteration/replacement
☐ Demolition
☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling
☐ Accessory building
☐ Master builder
☐ Commercial/Industrial
☐ Multi-family
☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15050 SW Davis Rd
City/State/ZIP: Beaverton OR 97007
Suite/bldg./apt. no.:
Project name: S. Dickles
Cross street/directions to job site: West of SW 150th Ave

Subdivision:
Tax map/parcel no.: 15 123 AA 05001

DESCRIPTION OF WORK

new 1332 sf home - To
Replace existing 720 sqft home

☒ PROPERTY OWNER
☐ TENANT

Name: Robert Sickles
Address: 15050 SW Davis Rd
City/State/ZIP: Beaverton OR 97007
Phone: 503-705-5745 Fax:
E-mail: *marcine - bob@hotmail.com*

☐ APPLICANT
☒ CONTACT PERSON

Business name: Powers Construction & Consulting
Contact name: Jamie Powers
Address: 345 Edgewater Rd.
City/State/ZIP: Gladstone OR 97021
Phone: 503 484 4011 Fax:
E-mail: *Jamie C Powers@gmail.com*

CONTRACTOR

Business name: Robert Sickles
Address: 15050 SW Davis Rd
City/State/ZIP: Beaverton OR 97007
Phone: 503-705-5745 Fax:
CCB lic.:

Authorized
signature:

Print name: *Jamie Powers*
Jamie Powers
Date: OCT 2nd 19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 186,573.92
Number of bedrooms: 3
Number of bathrooms: 3
Total number of floors: 1
New dwelling area: 1332 square feet
Garage/carport area: 440 square feet
Covered porch area: 90 square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



COPY

OFFICE USE ONLY

Date Received: 10/07/2019 Permit No.: B2019-4176
Date Issued: 11/1/2019
CITY OF BEAVERTON BUILDING DIVISION Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15005 SW Tualatin Valley Highway
City/State/ZIP: Beaverton, OR 97006
Suite/bldg./apt. no.: Project name: GM Warehouse
Cross street/directions to job site: SW Tualatin Valley Highway / SW 153rd

Subdivision:

Lot no.:

Tax map/parcel no.: Property ID: R50955 / Tax Lot: 1S108DD00500

DESCRIPTION OF WORK

Chain link fencing storage (interior), (4) Existing roll-up door locations in concrete tilt panel to be modified to increase header elevation 12" above current location.

☒ PROPERTY OWNER☒ TENANT

Name: NIKE

Address: One Bowerman Drive

City/State/ZIP: Beaverton, OR 97005

Phone: (503) 703-5814

Fax:

E-mail: Amelia.Kelsay@nike.com

☒ APPLICANT☐ CONTACT PERSON

Business name: GBD Architects

Contact name: Matthew Bray

Address: 1120 NW Couch St., Suite #300

City/State/ZIP: Portland, OR 97209

Phone: (503) 224-9656

Fax:

E-mail: matthew@gbdachitects.com

CONTRACTOR

Business name: Mortenson Construction

Address: 710 NW 14th Ave, Suite 300

City/State/ZIP: Portland, OR 97209

Phone: (913) 297-9747

Fax:

CCB lic.: 46955

Authorized signature:

Print name:

Matthew Bray

Date:

10/04/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$225,000

Existing building area: 198,560 square feet

New building area: no change square feet

Number of stories: 1-2

Type of construction: IIB sprinklered

Occupancy groups: S/B

Existing: S/B

New: no change

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$2,353.29

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 10/30/2019	Permit No.: B2019-4477
Date Issued: 11/1/2019	By: [Signature]
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Between SW 141st and SW Hocken Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109CD002	
DESCRIPTION OF WORK	
Anchor package for two Jib Crane Systems	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike, Inc.	
Address: 1 Bowerman Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 671-6453	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Nike Air MI	
Contact name:	
Address: 13630 SW Terman Rd	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Galifco Oregon	
Address: 650 Powers St	
City/State/ZIP: Eugene, OR 97402	
Phone: (541) 485-6927	Fax:
CCB lic.: 74285	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	50,000
Existing building area:	square feet
New building area:	square feet n/c
Number of stories:	n/c
Type of construction:	
Occupancy groups:	
Existing:	
New:	n/c
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received (Air MI Trust)	
Date received:	

Authorized signature:

Art Kelsay

Print name:

Amelia Kelsay

Date:

10/29/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10/31/2019

Permit No. B2019-4523

Date Issued: 11/1/2019

By: [Signature]
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 7185 SW 116th Terrace
City/State/ZIP: Beaverton, OR 97008
Suite/bldg./apt. no.: Project name: Bennet Residence
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

4.95kW AC prescriptive rooftop solar array

☒ PROPERTY OWNER

☐ TENANT

Name: Diana Bennet
Address: 7185 SW 116th Terrace
City/State/ZIP: Beaverton, OR 97008
Phone: (503) 329-1587 Fax:
E-mail: db97215@gmail.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Elemental Energy
Contact name: Lucas Miller
Address: 1339 SE 8th Avenue Suite B
City/State/ZIP: Portland, OR 97214
Phone: (715) 321-2814 Fax:
E-mail: permits@elementalenergy.net

CONTRACTOR

Business name: Elemental Energy
Address: 1339 SE 8th Avenue Suite B
City/State/ZIP: Portland, OR 97214
Phone: (503) 967-5786 Fax:
CCB lic.: 195141

Authorized signature: Lucas Miller

Print name: Lucas Miller Date: 10/28/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$5,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

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BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 128.80

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

City of Beaverton
PO Box 4755, Beaverton, OR 97076
Phone (503) 526-2403; Fax: (503) 526-2550
Internet address: www.ci.beaverton.or.us

OFFICE USE ONLY	
Date Received: 10/03/2019	Permit No.: B2019-4144
Date Issued: 11/1/2019	By: [Signature]
1&2 family: Simple	Payment Type:
CITY OF BEAVERTON	Complex:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1240 NW 178TH AVE	
City/State/ZIP: BEAVERTON OR	
Suite/bldg./apt. no.:	Project name: OLSEN/DOLAN
Cross street/directions to job site:	
Subdivision: W306929 Lot no.:	
Tax map/parcel no.: 1N131BF0500	
DESCRIPTION OF WORK	
REMODEL EXISTING SPACE REMOVE WALL BETWEEN KITCHEN AND LIVING ROOM, AND WALL BETWEEN DINING AND (E) KITCHEN	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: OLSEN/DOLAN	
Address: 1240 NW 178TH AVE	
City/State/ZIP: Beaverton OR	
Phone: (503)	Fax: ()
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MIKE MONTGOMERY	
Contact name: SIMPL HOME DESIGNS	
Address: 4931 SW 76TH AVE., PMB 211	
City/State/ZIP: PORTLAND OR 97225	
Phone: (503) 515-6495	Fax: (503) 719-4825
E-mail: mlkem@ezpermits.biz	
CONTRACTOR	
Business name: IBI	
Address: 15240 SE 82nd Drive	
City/State/ZIP: Clackamas OR 97015	
Phone: (503) 646-5376	Fax: ()
CCB lic.: 32734	

Authorized signature:

[Signature]

Print name: Mike Montgomery

Date: 10/02/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 25,000.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$248.67

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

440-4613T (10/02/COM/WEB)

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 10/30/2019	Permit No.: B2019-4480
Date Issued:	By: <i>[Signature]</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Between SW 141st and SW Hocken Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109CD002	
DESCRIPTION OF WORK	
Anchor package for Bridge Crane System	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike, Inc.	
Address: 1 Bowerman Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 671-6453	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Nike Air MI	
Contact name:	
Address: 13630 SW Terman Rd	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Galifco Oregon	
Address: 650 Powers St	
City/State/ZIP: Eugene, OR 97402	
Phone: (541) 485-6927	Fax:
CCB lic.: 74285	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	34,000
Existing building area:	square feet
New building area:	square feet n/c
Number of stories:	n/c
Type of construction:	
Occupancy groups:	
Existing:	
New:	n/c
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received (Air MI Trust)	
Date received:	

Authorized signature:

[Signature]

Print name:	Date:
Amelia Kelsay	10/29/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received 11/01/2019

Permit No B2019-4556

Date Issued: 11-1-19

By: *HL*

Payment Type: *MC*

TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☒ Other: Solar PV System

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 6335 SW Chestnut Ln., Beaverton, Oregon, 97005

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.: 1S123AB02207

DESCRIPTION OF WORK

Residential Rooftop Solar PV System 6.62 kW

☒ PROPERTY OWNER

☐ TENANT

Name: Bruce Wright

Address: 6335 SW Chestnut Ln., Beaverton, Oregon, 97005

City/State/ZIP:

Phone: 503-332-0099

Fax:

E-mail: lauraperkins@comcast.net

☒ APPLICANT

☐ CONTACT PERSON

Business name: Blue Raven Solar LLC

Contact name: Hannah Webb

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

E-mail: permitting.department@blueravensolar.com

CONTRACTOR

Business name: Blue Raven Solar LLC

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

CCB #c.: 210112

Authorized
signature:

Jeff Lee

Print name:

Jeff Lee

Date:

10/30/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$15,315

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$207.20

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved

RECEIVED

OFFICE USE ONLY

Date Received: 10/9/2019	Permit No.: B2019-4223
Date Issued: 11-4-19	By: JMK
CITY OF BEAVERTON	
Payment Type: Visa	

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: swimming pool barrier
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: swimming pool barrier
JOB SITE INFORMATION AND LOCATION	
Job site address: 15205 SW Moraine Ct	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S129DC 03000	
DESCRIPTION OF WORK	
Install ASTM F1346-91 compliant powered safety cover in place of any other barriers (fences) as per attached Alternate Means and Methods application form.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: George & Kay Sherman	
Address: 15205 SW Moraine Ct	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 524-3435	Fax:
E-mail: gosherman@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Classic Pool Spa and Hearth	
Contact name: Ritchie Cameron	
Address: 17875 SE 82nd Dr	
City/State/ZIP: Gladstone, OR 97027	
Phone: (503) 656-0021	Fax: (503) 723-0924
E-mail: ritche@classicpoolandspa.com	
CONTRACTOR	
Business name: Classic Pool Spa and Hearth	
Address: 17875 SE 82nd Dr	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 656-0021	Fax: (503) 723-0924
CCB lic.: 60675	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$13,500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Ritchie Cameron	10/08/19

ELECTRONIC SUBMITTAL Permit Application

SEE 1: /BLDG DIV WG



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Enterprise Carwash Bldg

RECEIVED

OFFICE USE ONLY

Date Received: 06/05/2019	Permit No.: B2019-2416
Date Issued: 11/4/2019	BY: [Signature]
CITY OF BEAVERTON	Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4050 SW MURRAY BLVD	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW 20'x40' METAL BLDG FOR HAND CAR WASHING.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: ENTERPRISE HOLDINGS	
Address: 4050 SW MURRAY BLVD.	
City/State/ZIP: BEAVERTON, OR	
Phone: 503 612 8111	Fax:
E-mail: AYA.JOUBERT@BEH.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DHS ARCHITECTS	
Contact name: DAVE SPIZZAR	
Address: 2325 NE 19TH AVE	
City/State/ZIP: PORTLAND OR 97212	
Phone: 503 335 9040	Fax:
E-mail: DAVE@DHSARCHITECTS.COM	
CONTRACTOR	
Business name: HW CONSTRUCTION SERVICES	
Address:	
City/State/ZIP:	
Phone: 503 740 1400	Fax:
CCB lic.: 173576	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$60,000
Existing building area:	square feet
New building area:	800 square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	#
Existing:	FL, M
New:	FI
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: Kelly O'Brien

Print name: KELLY O'BRIEN

Date: 5.31.19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 11/01/2019 Permit No. B2019-4554
Date Issued: By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 14090 SW Barlow Court
City/State/ZIP: Beaverton OR. 97008
Suite/bldg./apt. no.: Project name: Day
Cross street/directions to job site:
Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Adding 5.89 kW Roof Top Solar PV System

☒ PROPERTY OWNER

☐ TENANT

Name: Alex Day
Address: 14090 SW Barlow Court
City/State/ZIP: Beaverton OR. 97008
Phone: (503) 209-2053 Fax:
E-mail: day9885@gmail.com

☐ APPLICANT

☐ CONTACT PERSON

Business name: Premier Solar NW
Contact name: Bob Rathbone
Address: 12399 NW Waker Dr.
City/State/ZIP: Portland, OR. 97229
Phone: (503) 704-5210 Fax:
E-mail: rrathbone@premiersolarnw.com

CONTRACTOR

Business name: Premier Solar NW
Address: 12399 NW Waker DR.
City/State/ZIP: Portland, OR. 97229
Phone: (503) 828-9500 Fax:
CCB Lic.: 218826

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$207.20
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

[Signature]

Date: 9/25/19

Print name:

Clifford Barry

09/25/19

Approved

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



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OFFICE USE ONLY

Date Received	10/28/2019	Permit No.:	B2019-4436
Date Issued:	11/5/2019		
CITY OF BEAVERTON		Payment Type:	
BUILDING DIVISION			

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12925 SW DAVIES RD	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg /apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REBUILD/REPLACE FIRE DAMAGED CARPORT. INSTALL COLUMNS IN CONCRETE PIER FOUNDATIONS. PLACE BEAMS & RAFTERS, ROOF SHEATHING & ROOFING MATERIAL. MATCH(E) CARPORT SIZE & LOCATION	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: MIKE MCGRAW	
Address: 12925 SW DAVIES RD	
City/State/ZIP: BEAVERTON, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: JAS ENGINEERING	
Contact name: ANDY STEMBER	
Address: 1419 WASHINGTON ST	
City/State/ZIP: OREGON CITY, OR 97045	
Phone: (503) 657-9800	Fax:
E-mail: andy@jasenginc.com	
CONTRACTOR	
Business name: MC BRIDIE CONST	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 59196	
Authorized signature:	Date:
Print name: JOHN ANDREW STEMBER	10-25-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	351000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	624 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 11-5-19 Permit No.: B2019-4586
Date Issued: 11-5-19 By: ML
Payment Type: MC

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 14831 SW Trail
City/State/ZIP: Beaverton OR
Suite/bldg./apt. no.: Project name: Murrayhill Vet Hospital
Cross street/directions to job site:
Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Tenant Improvement

☐ PROPERTY OWNER

☒ TENANT

Name: Murrayhill Veterinary Hospital
Address: 14831 SW Trail
City/State/ZIP: Beaverton OR
Phone: Fax:
E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: T+L Communications
Contact name: Larry Bushaw
Address: PO Box 87387
City/State/ZIP: Vanc. Wa. 98687
Phone: 360-737-9725 Fax:
E-mail: office@tl-communications.com

CONTRACTOR

Business name: T+L Communications
Address: PO Box 87387
City/State/ZIP: Vanc. Wa. 98687
Phone: 360-737-9725 Fax:
CCB lic.: 67787

Authorized
signature:

Print name: Larry Bushaw Date: 11-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square foot

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 13,200.00

Existing building area: square feet

New building area: square feet

Number of stories: 1

Type of construction: tenant improvement

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$232.37
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: **11/1/2019** Permit No.: **B2019-4045**
Date Issued: **11-01-19** By: *[Signature]*
CITY OF BEAVERTON Payment Type: *Check*

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Tenant Improvement
JOB SITE INFORMATION AND LOCATION	
Job site address: 11350 SW Canyon Road	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: The Barbers
Cross street/directions to job site: Fred Meyer parking lot - NE Canyon Road and 217	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building Tenant Improvements for a barber shop.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Spiess Barbers, LLC dba The Barbers	
Address: 11350 SW Canyon Road	
City/State/ZIP: Beaverton OR 97005	
Phone: (360) 772-1389	Fax:
E-mail: Spiessbarbers@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Spiess Barbers LLC, dba The Barbers	
Contact name: Mark Spiegelberg	
Address: 17511 NE 34th ST	
City/State/ZIP: Vancouver WA 98682	
Phone: (360) 772-1389	Fax:
E-mail: spiessbarbers@comcast.net	
CONTRACTOR	
Business name: Spiess Barbers, LLC - Mark Spiegelberg	
Address: 17511 NE 34th St	
City/State/ZIP: Vancouver WA 98682	
Phone: (360) 772-1389	Fax: (360) 256-4082
CCB lic.: 227010	

Authorized signature:

[Signature]

Print name:

Mark Spiegelberg

Date:

09/18/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation **\$2880**

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet **1100**

Number of stories:

Type of construction: **V-E**

Occupancy groups:

Existing:

New: **B**

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
Website: Information (503) 526-2222
BeavertonOregon.gov

Crescent Bldg FA Radio

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WORK

RECEIVED

OFFICE USE ONLY

Date Received: 04/15/2019	Permit No.: B2019-1525
Date Issued: 11-4-19	By: MK
CITY OF BEAVERTON	Payment Type: MC

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12600 SW Crescent St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: Suite 130	Project name: Beaverton
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install radio for monitoring	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Performance Systems Integrated	
Contact name: Katie Harbaugh	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
E-mail: katieh@psintegrated.com	
CONTRACTOR	
Business name: Performance Systems Integrated	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
CCB lic.: 205924	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$2,670.82

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$59.08

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Katie Harbaugh

Print name:

Katie Harbaugh

Date:

04/12/19

Building Permit Application

Approved

ELECTRONIC SUBMITTAL
SEE 1:/BLDG DIV WG-8...



Community Development Department
Building Division
1725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 07/18/2019	Permit No.: B2019-3074
Date Issued: 11-7-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	Payment Type: <i>Check</i>

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15500 SW Beaverton Creek Ct.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 1st floor	Project name: Apple Beaverton
Cross street/directions to job site: SW 153rd Dr. and SW Beaverton Creek Ct.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW OFFICES, CONFERENCE ROOMS AND SUPPORT SPACES NEW FURNISHINGS, FINISHES AND FLOORING NEW SUSPENDED CEILING, NEW HVAC SYSTEM AND LIGHTING NEW PLUMBING FIXTURES AND RESTROOM FINISHES	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Apple, Inc.	
Address: 1 Apple Park Way	
City/State/ZIP: Cupertino, CA 95014	
Phone: (917) 239-9253	Fax:
E-mail: whitneyray@apple.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Apple, Inc. <i>Ivana - 971-337-2206</i>	
Contact name: Whitney Ray	
Address: 1 Apple Park Way	
City/State/ZIP: Cupertino, CA 95014	
Phone: (917) 239-9253	Fax:
E-mail: whitneyray@apple.com	
CONTRACTOR	
Business name: <i>SWINERTON Builders</i>	
Address: <i>342 SW 2nd AVE</i>	
City/State/ZIP: <i>PORTLAND OR 97204</i>	
Phone: <i>503 224 6888</i>	Fax:
CCB lic.: <i>78483</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,775,000.00
Existing building area:	square feet 24,090
New building area:	square feet 24,090
Number of stories:	1
Type of construction:	III-B Existing Building
Occupancy groups:	ASSEMBLY A-3, BUSINESS B
Existing:	A-3, B
New:	A-3, B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$10,997.55
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Ivana Gazic</i>	Date:
Print name: Ivana Gazic	07/16/19

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 09/05/2019 Permit No.: B2019-3583
Date Issued: By:
Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK

☒ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☒ Other: Wireless Facility

JOB SITE INFORMATION AND LOCATION

Job site address: 12255 SW Denney Road
City/State/ZIP: Beaverton, OR 97008
Suite/bldg./apt. no.: Project name: POR Fir Grove
Cross street/directions to job site: SW Hall Boulevard (Directions on page T-1 of drawings)

Subdivision: Lot no.: 118

Tax map/parcel no.: 1S122BC00118

DESCRIPTION OF WORK

Verizon Wireless proposes to construct an unmanned telecommunications facility consisting of a 75' monopole with six panel antennas and equipment within a proposed wood-fenced compound, adjacent to an existing building.

☒ PROPERTY OWNER

☐ TENANT

Name: Islamic Center of Portland; Contact: Ali Hodroge

Address: 12255 SW Denney Road

City/State/ZIP: Beaverton, OR 97008

Phone: (503) 998-2498

Fax:

E-mail: ahodroge@yahoo.com

☐ APPLICANT

☐ CONTACT PERSON

Business name: Odellia Pacific Corporation on Behalf of Verizon Wireless

Contact name: Don Forsberg, Permitting Specialist (Contractor/Agent)

Address: 5506 6th Ave. S.

City/State/ZIP: Seattle, WA 98108

Phone: (503) 267-1947

Fax:

E-mail: donforsberg45@gmail.com

CONTRACTOR

Business name: HPS Construction

Address: 598 Baseline Rd

City/State/ZIP: Cornelius, OR 97113

Phone: 503-357-4217

Fax:

CCB lic.: 120253

Authorized signature: Don Forsberg

Print name:

Don Forsberg

Date:

08/21/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$100,000

Existing building area: square feet

New building area: square feet 347

Number of stories: 75' monopole

Type of construction: IIB

Occupancy groups: U, S-2

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1,447.85

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received:	Permit No. 52019-4640
Date Issued: 11/7/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4145 SW Watson Ave	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.: 200	Project name: ARM Insight
Cross street/directions to job site: It all	
Subdivision:	Lot no.:
Tax map/parcel no.: W414441	
DESCRIPTION OF WORK	
Install New wall for conference Room New case work, New plumbing fixtures (remove/replace) No additional plumbing fixtures. New carpet paint Ceiling tiles	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SKB	
Address: 2020 SW 4th Ave	
City/State/ZIP: Portland, OR 97201	
Phone: 503 954 2919	Fax:
E-mail: CRUSH@SKBCOS.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Orenova Construction Inc	
Contact name: Michelle	
Address: 912 SW 10th #204	
City/State/ZIP: Portland, OR 97205	
Phone: 360 904 9775	Fax:
E-mail: michelle@orenovaconstruction.com	
CONTRACTOR	
Business name: Orenova Construction	
Address: 11	
City/State/ZIP: 11	
Phone: 360 904 9775	Fax:
CCB lic.: 224576	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Michelle St. ger

Date: 9/30/19



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 11-8-19	Permit No.: B2019-4655
Date Issued: 11-8-19	By: Hla
	Payment Type: VISA

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 8110 SW Valley View
City/State/ZIP: portland OR 97225
Suite/bldg./apt. no.: Project name: Ingrassia
Cross street/directions to job site: Valley View and Canyon

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Enlarge one window opening, enlarge one slider door opening, replace existing window with slider door

☒ PROPERTY OWNER ☐ TENANT

Name: Kristen Sharp Ingrassia
Address: 8110 SW Valley View
City/State/ZIP: portland or 97225
Phone: Fax:
E-mail:

☐ APPLICANT ☒ CONTACT PERSON

Business name: cascade contracting
Contact name: adam reed
Address: 7410 sw macadam ave
City/State/ZIP: portland OR 97219
Phone: (503) 209-4449 Fax:
E-mail: adam@cascadecontracting.ocm

CONTRACTOR

Business name: Cascade contracting
Address:
City/State/ZIP:
Phone: Fax:
CCB lic.: 146324

Authorized signature:

Print name: Adam Reed

Date: 10/8/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$9,000.00
Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$391.20
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

O.T.C.



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 11-7-19	Permit No.: B2019-4651
Date Issued: 11-7-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2155 NW 173rd Ave.	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Smart Brain
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Partition walls, Suspended Ceiling System	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mehdi Mirtorabi	
Address: 2155 NW 173rd Ave #102	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 531-9990	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW Precision Design	
Contact name: Darin Bouska	
Address: 17407 SW Inkster Dr.	
City/State/ZIP: Sherwood OR 97140	
Phone: 503-680-6444	Fax:
E-mail: Darin@NW-Precision.com	
CONTRACTOR	
Business name: ROBERT HAKES CONT.	
Address: PO Box 821757	
City/State/ZIP: VANCOUVER WA 98682	
Phone: 360-836-8622	Fax:
CCB lic.: 200289	
Authorized signature: [Signature]	
Print name: DARIN BOUSKA	Date: 10/4/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 69,500

Existing building area: square feet 1,730 TI

New building area: square feet

Number of stories: 2

Type of construction: VB 1 Hr

Occupancy groups:

Existing: B

New: B

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$2,197.22

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received:	Permit No.: B0709-46041
Date Issued: 11/8/19	By: MZ
	Payment Type: Check

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 230 NW LOST SPRINGS TERRACE #10
City/State/ZIP: PORTLAND OR 97229
Suite/bldg./apt. no.: Project name: "GREAT NOTION"

Cross street/directions to job site:

SUITE #10

Subdivision: Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

CHANGE OF TENANT/ NO OCCUPANCY CHANGE.
NEW BAR & WALK-IN COOLER, MODIFY ONE
BATHROOM FOR ADA- NEW KITCHEN EQUIP,
NO HOOD.

☐ PROPERTY OWNER

☒ TENANT

Name: GREAT NOTION BREWING, ATTN: RYAN O'CONNOR

Address:

City/State/ZIP:

Phone: 503.819.4721

Fax:

E-mail: ryan@greatnotionpdx.com

☐ APPLICANT

☒ CONTACT PERSON

Business name: THESIS STUDIO, LLC.

Contact name: COLIN JENSEN

Address: 1620 SE HAWTHORNE BLVD

City/State/ZIP: PORTLAND OR 97214

Phone: 503.701.7027

Fax:

E-mail: colin@thesisstudio.com

CONTRACTOR

Business name: CENTREX CONSTRUCTION

Address: 8250 SW HUNZIKER ST #A

City/State/ZIP: TIGARD, OR 97223

Phone: 503.684.0443

Fax:

CCB lic.: 38304

Authorized
signature:

Colin Jensen

Print name: COLIN JENSEN

Date: 11/5/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$100,000

Existing building area: 1920 square feet

New building area: 0 square feet

Number of stories: 1

Type of construction: VB

Occupancy groups: A-2, F-2

Existing: A-2, F-2

New: A-2, F-2

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved

OFFICE USE ONLY

Date Received: 10/07/2019
Date Issued: 11-8-19
Permit No. B2019-4174
By: [Signature]
Payment Type: Visa

CITY OF BEAVERTON BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13855 SW Secretariat Ln	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Valdez
Cross street/directions to job site: Murry to Secretariat Ter to Secretariat Ln	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Repairing fire damage home and expanding second story bedrooms 300sqft above garage.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ruben & Dorthy Valdez	
Address: 13855 SW Secretariat Ln	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Laine Renovations Inc	
Contact name: Kristy Laine	
Address: 8355 SW Monticello Ct	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 341-0837	Fax:
E-mail: lainerenovationsinc@gmail.com	
CONTRACTOR	
Business name: Laine Renovations Inc	
Address: 8355 SW Monticello Ct	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 341-0837	Fax:
CCB lic.: 181551	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$265,000
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	square feet 300
Garage/carport area:	square feet 0
Covered porch area:	square feet 0
Deck area:	square feet 0
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,172.11
Amount received	
Date received:	

Authorized signature: Kristy Laine

Print name:	Date:
Kristy Laine	10-4-2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8...

Beaverton
OREGON

ment Department
Building Division
ay / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5/29/2019	Permit No: 2019-2289
Date Issued: 11-8-19	By: [Signature]
Payment Type: Check & Visa	

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 4037 SW 11th Ave,
City/State/ZIP: Beaverton OR 97005
Suite/bldg./apt. no.: Unit # Project name: JOY POKE
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Tenant Improvement: Add new partition walls, equipment
Counters, Keep same Existing A.D.A Restroom

- ☐ PROPERTY OWNER ☒ TENANT

Name: Justin Huang

Address:

City/State/ZIP:

Phone: 503 927 1894

Fax:

E-mail:

- ☒ APPLICANT ☒ CONTACT PERSON

Business name: Harmony Decor

Contact name: Nestor Ngo

Address: P.O. Box 16201

City/State/ZIP: Portland OR 97292

Phone: 503 943 9744

Fax:

E-mail: harmoniegroup@gmail.com

CONTRACTOR

Business name: Green Design & Construction

Address: 17119 NW Tucson St

City/State/ZIP: Beaverton OR 97006

Phone: 503 442 0193

Fax:

CCB lic.: 194354

Authorized
signature:

Print name: Joe Lee

Date: 4/30/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 50.000

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 922.69

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

RECEIVED

Building Permit Application

COB Revision/Tracking Number
REV 19-007

JAN 04 2019

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 1.4.2019	Permit No.: B2018-5138
Date Issued: 11-7-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK

- ☒ New construction ☐ Demolition
- ☐ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15768 SW Wren Lane

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name: Russell

Cross street/directions to job site:

Subdivision: Westmont

Lot no.: 15

Tax map/parcel no.:

DESCRIPTION OF WORK

NSFR - 3729AR - 2 Car Garage

Resubmission due to Plan Change

☒ PROPERTY OWNER☐ TENANT

Name: DR Horton, Inc

Address: 4380 SW Macadam Ave Suite 200

City/State/ZIP: Portland, OR 97239

Phone: (503) 222-4151

Fax:

E-mail: plancheck@drhorton.com

☒ APPLICANT☐ CONTACT PERSON

Business name: DR Horton, Inc

Contact name: Amanda Loveridge

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

E-mail: plancheck@drhorton.com

CONTRACTOR

Business name: DR Horton, Inc

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

CCB lic.: 130859

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 344,880

Number of bedrooms: 5

Number of bathrooms: 3

Total number of floors: 2

New dwelling area: 2506 square feet

Garage/carport area: 368 square feet

Covered porch area: 66 square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Amanda Loveridge

Date:

1/27/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No.: 152019-1877
Date Issued: 11/12/2019	By: [Signature]
Payment Type:	

TYPE OF WORK

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 13575 SW Farmington Rd.
City/State/ZIP: Beaverton, OR 97005
Suite/bldg./apt. no.: Project name: POR Watson
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing antennas and radios with new radios and antennas

☐ PROPERTY OWNER

☐ TENANT

Name:
Address:
City/State/ZIP:
Phone:
E-mail:

Fax:

☐ APPLICANT

☐ CONTACT PERSON

Business name:
Contact name:
Address:
City/State/ZIP:
Phone:
E-mail:

Fax:

CONTRACTOR

Business name: Tooltech Cellular LLC
Address: PO Box 40817
City/State/ZIP: Eugene, OR. 97404
Phone: (503) 453-7624
CCB Lic.: 175901

Fax:

Authorized signature: [Signature]

Print name:

Lee Hansen

Date:

11/12/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 21,450

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received 11/8/2019 Permit No. B2019-4672
Date Issued: 11/12/19 By: [Signature]
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☐ Addition/alteration/replacement ☒ Other: Solar PV System

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 6725 Southwest Briarcliff Circle, Beaverton, Oregon, 97008, United States

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision: Washington County

Lot no.: 1S122BD10800

Tax map/parcel no.: T1S R1W S22

DESCRIPTION OF WORK

Residential Rooftop Solar PV System 5.67 kW

☒ PROPERTY OWNER

☐ TENANT

Name: Parker & Molly Bowgren

Address: 6725 Southwest Briarcliff Circle, Beaverton, Oregon, 97008, United

City/State/ZIP:

Phone: 5035151254

Fax:

E-mail: mollyfronk@yahoo.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Blue Raven Solar LLC

Contact name: Pica Nagano

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

E-mail: permitting.department@blueravensolar.com

CONTRACTOR

Business name: Blue Raven Solar LLC

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

CCB lic.: 210112

Authorized
signature:

Print name:

Jeff Lee

Date:

10/14/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 1hr 8000

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 11/12/19 Permit No.: B009-4694
Date Issued: 11/12/19 By: AEW
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11520 SW Ridgecrest Dr, Beaverton, Oregon, 97008	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S122CD05126	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 8.19 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Thomas Blumenfeld	
Address: 11520 SW Ridgecrest Dr, Beaverton, Oregon, 97008	
City/State/ZIP:	
Phone: 503-516-1359	Fax:
E-mail: blumenfeldlisa@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Hannah Webb	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$18,195

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

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BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Jeffrey Lee

Print name:

Jeff Lee

Date:

11/08/2019



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

BB 747-234-182

OFFICE USE ONLY

Date Received: 08/20/2019 Permit No.: B2019-3555

Date Issued: By: Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9000 SW Gemini Drive	
City/State/ZIP: Beaverton OR, 97008	
Suite/bldg./apt. no.: Building 8	Project name: Nimbus Bldg 8 Paychex TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
THE SCOPE OF WORK FOR THE PROJECT INCLUDES INTERIOR TENANT IMPROVEMENTS OF APPROXIMATELY 10,242 SQUARE FEET ON THE FIRST FLOOR. WORK TO INCLUDE DEMOLITION, NEW WALLS, DOORS, RELITES, CABINETRY AND FINISHES.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Shorenstein - Rob Fabian	
Address: 5335 Meadows Road, Suite 275	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 412-4844	Fax:
E-mail: rfabian@shorenstein.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mackenzie	
Contact name: Christine Mack	
Address: 1515 SE Water Ave, Suite 100	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 224-9560	Fax:
E-mail: cmack@mcknzie.com	
CONTRACTOR	
Business name: Russell Construction - Donn Sturdivant	
Address: 20915 SW 105th Ave	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9002	Fax:
CCB lic.: 58918	

Authorized
signature:

Print name:	Date:
Christine Mack	08/20/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

89,000

Existing building area: square feet 10242

New building area: square feet 10242

Number of stories: 1

Type of construction: III-B

Occupancy groups: B

Existing: B

New: B

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

Existing vacant tenant space, new tenant is Paychex.

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1,294.05

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

SFD GARAGE CONVERSION

(Approved)

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 09/19/2019 Permit No.: B2019-3941
Date Issued: 11/13/2019
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 9805 SW Heather Lane
City/State/ZIP: Beaverton, OR 97008
Suite/bldg./apt. no.: Project name: Walker Residence
Cross street/directions to job site: Intersection with SW Scholls Ferry Rd

Subdivision: Lot no.: R206636

Tax map/parcel no.: 1S123CA00900

DESCRIPTION OF WORK

Convert garage to master suite. Not a separate dwelling unit (no cooking appliances provided).

☒ PROPERTY OWNER

☐ TENANT

Name: Marcasa Walker
Address: 9805 SW Heather Lane
City/State/ZIP: Beaverton, OR
Phone: 972-887-0801 Fax:
E-mail: marcasa.walker23@gmail.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Pro.com Home Services LLC
Contact name: Permit Tech
Address: 2033 6th Ave #236
City/State/ZIP: Seattle, WA 98121
Phone: 206-735-4682 Fax:
E-mail: permits@pro.com

CONTRACTOR

Business name: Pro.com Home Services LLC
Address: 2033 6th Ave #236
City/State/ZIP: Seattle, WA 98121
Phone: 800-597-4776 Fax:
CCB lic.: 224225

Authorized
signature:

Print name:

Date:

Joe Botta

9-18-2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 96,232
Number of bedrooms: + 1
Number of bathrooms: + 1
Total number of floors: 1
New dwelling area: square feet + 400
Garage/carport area: square feet - 400
Covered porch area: square feet
Deck area: sq
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

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BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 650.78
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	11/15/2019	Permit No.: B2019-4753
Date Issued:		By: [Signature]
		Payment Type:

TYPE OF WORK

- | | |
|--|---|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input checked="" type="checkbox"/> Other: Solar PV Array |

CATEGORY OF CONSTRUCTION

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 8025 Southwest Schiller Road
City/State/ZIP: Portland, OR 97225
Suite/bldg./apt. no.: Project name: 178047 Ward
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

18.525 kW Solar PV Array to be installed on Roof

☒ PROPERTY OWNER

Name: Rachel Ward
Address: 8025 Southwest Schiller Road
City/State/ZIP: Portland, OR 97225
Phone: (503) 819-3005 Fax:
E-mail: rachelchristineward@gmail.com

☐ TENANT

☒ APPLICANT

Business name: Auric Solar LLC
Contact name: Mitchell Hampton
Address: 9530 SW Tualatin-Sherwood Rd
City/State/ZIP: Tualatin, OR 97062
Phone: (971) 803-1803 Fax:
E-mail: mitchell.hampton@auricenergy.com

☐ CONTACT PERSON

CONTRACTOR

Business name: Auric Solar LLC
Address: 9530 SW Tualatin-Sherwood Rd
City/State/ZIP: Tualatin, OR 97062
Phone: (971) 803-1803 Fax:
CCB No.: 212831

Authorized signature: Mitchell Hampton

Print name: Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$37,050.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTING Permit Application

SEE 1/BLDG DIV WG 8



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 12/26/2018 Permit No.: B2018-6077
Date Issued: 1/19/2019 By: [Signature]
CITY OF BEAVERTON Building Division Payment Type:

TYPE OF WORK

- ☒ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12715 SW 172ND AVENUE

City/State/ZIP: Beaverton, OR 97007

Suite/bldg./apt. no.:

Project name: South Cooper Mountain

Cross street/directions to job site: NE Corner of 175th Ave & SW Scholls Ferry Rd

Subdivision:

Lot no.:

Tax map/parcel no.: 2S106AC00200

DESCRIPTION OF WORK

Proposed work includes construction of a two-level, partially sub-grade detached parking structure that will provide parking for a future multi-family apartment project. The garage is naturally ventilated and has open stair access between floors. The construction type is II-B and S-2 occupancy.

☒ PROPERTY OWNER☐ TENANT

Name: AG Spanos Companies

Address: 10220 SW Greenburg Rd. Tower 2, Suite 530

City/State/ZIP: Portland/ Oregon/ 97223

Phone: (503) 272-8833

Fax:

E-mail: jmauch@agpsanos.com

☐ APPLICANT☒ CONTACT PERSON

Business name: KEPHART

Contact name: Jon Webb

Address: 2555 Walnut Street

City/State/ZIP: Denver, CO 80205

Phone: (303) 832-4474

Fax: (303) 832-4476

E-mail: jonw@kephart.com

CONTRACTOR

Business name: AG Spanos Companies

Address: 10220 SW Greenburg Rd. Tower 2, Suite 530

City/State/ZIP: Portland/ Oregon/ 97223

Phone: (503) 272-8833

Fax:

CCB lic.: 209809

Authorized signature:

Print name: JARED P. MAUCH

Date: 12/20/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$5,930,930.25

Existing building area: square feet NA

New building area: square feet 66,453

Number of stories: 2

Type of construction: II-B

Occupancy groups: S-2

Existing:

New: 2 Story Detached Parking Garage

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$21,342.57

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B20-1001

REV 2/14



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received:	11/18/2019	Permit No:	B2019-4770
Date Issued:		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11350 SW Canyon Rd	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.: 150	Project name: Monkey Subs
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Wall Partitions, Suspended Ceiling System, for new Sandwich Shop	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Elliot Properties, Inc.	
Address: 735 SW 20th Place, Suite 220	
City/State/ZIP: Portland OR 97205	
Phone: 503-292-7733	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW Precision Design	
Contact name: Darin Bouska	
Address: 17407 SW Inkster Drive	
City/State/ZIP: Sherwood, OR 97140	
Phone: 503-680-6444	Fax:
E-mail: Darin@NW-Precision.com	
CONTRACTOR	
Business name: Feinauer & Son, LLC	
Address: 7243 SW Applegate Dr.	
City/State/ZIP: Aloha, OR 97007	
Phone: 971-404-8232	Fax:
CCB lic.: 199803	
Authorized signature:	
Print name:	Date:
Darin Bouska	10/23/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	62,000
Existing building area:	1,018 TI square feet
New building area:	square feet
Number of stories:	2
Type of construction:	VB
Occupancy groups:	
Existing:	M
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,223.54
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

(Approved)

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 10/30/2019	Permit No.: B2019-4487
Date Issued:	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Patio Enclosure
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8397 SW Sunstone Loop	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: Burghardt
Cross street/directions to job site: SW 155 / SW Sexton Mountain Rd	
Subdivision: Sexton Mt	Lot no.:
Tax map/parcel no.: 1S129AB13100	
DESCRIPTION OF WORK	
Adding a new 16' x 13.5' Unconditioned patio enclosure to back patio area over new deck	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ernest Burghart	
Address: 8397 SW Sunstone Loop	
City/State/ZIP: Beaverton, Oregon 97007	
Phone: 720-409-7800	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: May Awning & Patio Co,	
Contact name: Bill Moore	
Address: 5220 NE Columbia	
City/State/ZIP: Portland, Or 97218	
Phone: 503-282-0140	Fax: 503-282-1426
E-mail: mayawning@msn.com	
CONTRACTOR	
Business name: May Awning & Patio Co. / Patio Innovations	
Address:	
City/State/ZIP: [Signature]	
Phone:	Fax:
CCB No.: 127345	

Authorized signature:

[Signature]

Print name:	Date:
Bill Moore	09/24/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$38,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet 216
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

CHC SITE WORK

APPROVED

Building Permit Application

CITY OF BEAVERTON
BUILDING DIVISION

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 09/05/2019 Permit No.: B2019-3750
Date Issued: 11/15/19 By: *crum*
Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1S109AD / TL3500	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: CHC - Lot 2
Cross street/directions to job site: SW Cedar Hills Blvd and SW Jenkins Road	
Subdivision:	Lot no.: 3500
Tax map/parcel no.: 1S109AD / TL3500	
DESCRIPTION OF WORK	
Site work associated with (2) new commercial buildings	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mall 2 LLC	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA 98661	
Phone: (503) 283-5365	Fax:
E-mail: sgarey@cejohn.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DOWL	
Contact name: Mike Towle, PE	
Address: 720 SW Washington Street, Suite 750	
City/State/ZIP: Portland, OR 97205	
Phone: (971) 280-8645	Fax:
E-mail: mtowle@dowl.com	
CONTRACTOR	
Business name: TBD	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: <i>[Signature]</i>	
Print name:	Date: 9/5/17
Mike Towle, PE	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$75,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$454.20
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

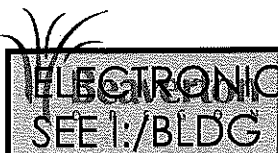
* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 6-21-19	Permit No.: B2019-2698
Date Issued: 11/5/19	By: [Signature]
Payment Type:	

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 2865 SW Cedar Hills Boulevard
City/State/ZIP: Beaverton, OR 97005
Suite/bldg./apt. no.: Project name: CHC Lot 2 Bldg 14
Cross street/directions to job site: SW Corner of SW Cedar Hills Blvd and SW Jenkins Road
Subdivision: Lot no.: Tax Lot 3500
Tax map/parcel no.: MAP # 1S109AD

DESCRIPTION OF WORK

Construction of 4,000+ SF cold shell retail building with covered outdoor patio (650 SF)

☒ PROPERTY OWNER

☐ TENANT

Name: Mall 2, LLC
Address: 1701 SE Columbia River Drive
City/State/ZIP: Vancouver, WA 98661
Phone: (360) 823-2779 Fax:
E-mail: sgarey@cejohn.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: GBD Architects, Incorporated
Contact name: Matthew Bray
Address: 1120 NW Couch Street, Suite #300
City/State/ZIP: Portland, OR 97209
Phone: (503) 224-9656 Fax:
E-mail: matthew@gbdachitects.com

CONTRACTOR

Business name: James E. John Construction Co, Inc.
Address: 1701 S.E. Columbia River Dr.
City/State/ZIP: Vancouver, WA 98661
Phone: (360) 750-0299 Fax:
CCB lic.: 63261

Authorized signature:

Print name:	Date:
Matthew Bray- GBD Architects	06/20/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$500,000

Existing building area: square feet 0

New building area: square feet 4,141

Number of stories: 1

Type of construction: V-B

Occupancy groups: A-2

Existing: N/A

New: A-2

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$3,288.07

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 11/12/2019 Permit No.: B2019-4709
Date Issued: 11/13/19 By: [Signature]
CITY OF BEAVERTON Payment Type:

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 14205 SW Yearling Way

City/State/ZIP: Beaverton, OR 97008

Suite/bldg./apt. no.:

Project name: Walker 33993

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Encapsulate Crawlspace

☒ PROPERTY OWNER

☐ TENANT

Name: Richard Walker

Address: 14205 SW Yearling Way

City/State/ZIP: Beaverton, OR 97008

Phone: (503) 707-4247

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: TerraFirma Foundation Systems

Contact name: Elenita Ronquillo

Address: 13110 SW Wall St

City/State/ZIP: Tigard OR 97223

Phone: (503) 718-4533

Fax:

E-mail: eronquillo@terrafirmafs.com

CONTRACTOR

Business name: TerraFirma Foundation Systems

Address: 13110 SW Wall St

City/State/ZIP: Tigard, OR 97223

Phone: (971) 205-5235

Fax:

CCB lic.: 173547

Authorized
signature:

Print name:

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$6,900.00

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES

Please refer to fee schedule

Fees due upon application \$117.12

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 11/13/19 Permit No.: B2019-4726
Date Issued: 11/13/19 By: [Signature]
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6475 SW Fallbrook Pl	
City/State/ZIP: Beaverton OR, 97008	
Suite/bldg./apt. no.:	Project name: DCS TI
Cross street/directions to job site: SW Allen and Fallbrook Pl	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant Improvement adding open office 6' tall wood partition walls, demo portion of break and office wall to increase size of break room. Adding a new wall to create 2 smaller offices near the front and building / moving compressor.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: M Cubed, LLC	
Address: 4302 SW 40th Ave	
City/State/ZIP: Portland, OR 97221	
Phone: (503) 307-3339	Fax:
E-mail: mikem@dcs-inc.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Emerio Design	
Contact name: Sean Jackson	
Address: 6445 SW Fallbrook Pl	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 746-8812	Fax: (503) 639-9592
E-mail: sean@emeriodesign.com	
CONTRACTOR	
Business name: Raven and Associates Inc.	
Address: P.O. Box 278	
City/State/ZIP: Gladstone OR 97027	
Phone: (503) 658-6291	Fax:
CCB lic.: 114472	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	6,000
Existing building area:	square feet 11,765
New building area:	square feet 0
Number of stories:	1
Type of construction:	V - B (sprinklered)
Occupancy groups:	B & F-1
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved

RECEIVED

OFFICE USE ONLY

Date Received: 11/12/2019 Permit No.: B2019-4688
Date Issued: 11/13/19 By: [Signature]
CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2230 SW 77th Place
City/State/ZIP: Portland, OR 97225
Suite/bldg./apt. no.: Project name: Dowdy Residence
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.: 1S112BA07800 R number R1462349

DESCRIPTION OF WORK

Structural Work Completed previously w/o permits:
Added 4 LVL beams per engineers spec sheet--to correct earlier
engineered wall removal.

☒ PROPERTY OWNER

☐ TENANT

Name: Troy Dowdy
Address: 2230 SW 77th Place
City/State/ZIP: Portland, OR 97225
Phone: (503) 314-6041 Fax:
E-mail: dowdywt@comcast.net

☐ APPLICANT

☒ CONTACT PERSON

Business name: Bachelor General Contractor
Contact name: Brian Bachelor
Address: 5224 NE 42nd Ave.
City/State/ZIP: Portland, OR 97218
Phone: (503) 407-4229 Fax:
E-mail: brian@bachelorgc.com

CONTRACTOR

Business name: Bachelor General Contractor
Address: 5224 NE 42nd Ave.
City/State/ZIP: Portland, OR 97218
Phone: (503) 309-1420 Fax:
CCB lic.: 206182

Authorized signature: Brian Bachelor

Date: 11/11/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 3000K

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$87.89

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	11/19/2019	Permit No.:	B2019-4814
Date Issued:	11/19/2019	By:	[Signature]
		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3790 SW 170th Ave	
City/State/ZIP: Beaverton OK	
Suite/bldg./apt. no.: 26, 27, 1, 2, 4	Project name: Re-Roof
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove tile, Install 1/2 CDX plywood, install 30 year composition shingle.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Morrison Construction LLC	
Contact name: Sean Wagner	
Address: 15316 SW Peach tree Dr Tigard	
City/State/ZIP: Tigard OR 97224	
Phone: 971 400 1288	Fax:
E-mail: sean@morrissonconstructionllc.com	
CONTRACTOR	
Business name: Morrison Construction LLC	
Address: 15316 SW Peach tree Dr Tigard	
City/State/ZIP: Tigard OR 97224	
Phone: 971-400-1288	Fax:
CCB lic.: 189900	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	138,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	138,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,900.10
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received:	11-20-19	Permit No.:	B2019-4847
Date Issued:	11-20-19	By:	MC
		Payment Type:	VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9555 SW Diamond View Way	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Optaining permit to final expired permits: B2014-0584, B2014-3128, B2014-3127.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Drew Carlson	
Address: 9555 SW Diamond View Way	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 679-4343	Fax:
E-mail: drew78carlson@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

11-20-19

Print name:	Date:
Drew Carlson	11/20/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

**Building Permit Application**

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved**OFFICE USE ONLY**

Date Received: 4/15/2019	Permit No.: B2019-4289
Date Issued: 4/16/2019	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12370 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: McBride Optometrists
Cross street/directions to job site: SW Hall Blvd and SW 1st St	
Subdivision:	Lot no.: R116788
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Exterior renovation of an existing 1-Story, 2,400 square foot, type V-B commercial building. No site or interior work is proposed.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Charles McBride	
Address: 12370 SW 1st Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 644-3614	Fax:
E-mail: drc@drcharlesmcbride.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Access Architecture	
Contact name: Brendan Sanchez	
Address: 400 Columbia Street, Ste 120	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 756-9213	Fax:
E-mail: brendan@access-arch.com	
CONTRACTOR	
Business name: NW Contracting LLC	
Address:	
City/State/ZIP:	
Phone: (503) 756-5219	Fax:
CCB No.: 209370	
Authorized signature: [Signature]	Date:
Print name: Brendan Sanchez	10/14/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
Now dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$146,000
Existing building area:	square feet 2,400
Now building area:	square feet
Number of stories:	1-Story
Type of construction:	Type V-B
Occupancy groups:	
Existing:	Business
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,750.05
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 10/23/2019	Permit No.: B2019-4394
Date Issued: 11/21/2019	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Storage Racking
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10750 SW Denney Road	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Suite 120	Project name: TCS - Pallet Racking
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: W282080	
DESCRIPTION OF WORK	
Installation of pallet racking per attached plans and structural calculations.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Tillamook Country Smoker	
Address: 8335 N Hwy 101	
City/State/ZIP: Bay City, OR 97107	
Phone: (503) 377-8222	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Raymond Handling Concepts Corp	
Contact name: Edward Schoch	
Address: 3148 NE 181st Ave	
City/State/ZIP: Portland OR 97230	
Phone: (503) 260-4347	Fax:
E-mail: eschoch@raymondhandling.com	
CONTRACTOR	
Business name: Raymond Handling Concepts Corp	
Address: Edward Schoch	
City/State/ZIP: 3148 NE 181st Ave, Portland OR 97230	
Phone: (503) 260-4347	Fax:
CCB Lic.: 227823	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$92,000
Existing building area:	square feet 63,773
New building area:	square feet N/A
Number of stories:	1
Type of construction:	III-B
Occupancy groups:	
Existing:	B, F, S
New:	no change proposed
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,322.61
Amount received	
Date received:	

Authorized signature: Edward Schoch

Print name:	Date:
	10/22/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B20 1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10/30/2019 Permit No. B2019-4496
Date Issued: 11-21-19 By: *mu*
Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12325 SW Horizon Blvd	
City/State/ZIP: Beaverton, Oregon 97007	
Suite/bldg./apt. no.: 31	Project name: Dekalash
Cross street/directions to job site: Horizon and Barrows	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocate pendent heads to accomodate new walls and add 2 heads	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Dekalash	
Address: 12325 SW Horizon Blvd Ste 31	
City/State/ZIP: Beaverton, Oregon 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Fire One Fire Systems, INC	
Contact name: Nick Bocchetti	
Address: Po Box 734	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
E-mail: nick@fireone.org	
CONTRACTOR	
Business name: Fire One Fire Systems, INC	
Address: PO Box 734	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
CCB lic.: 98140	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 975.00

Existing building area: square feet

New building area: square feet 1250

Number of stories: 1

Type of construction: Tenant Improvement

Occupancy groups:

Existing: Light Hazard

New: Light Hazard

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$121.28

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Nick Bocchetti

Print name:

Nick S Bocchetti

Date:

10/28/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No.: B2019-4862
Date Issued: 11/21/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8605 SW Creekside	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.: OR 97008	Project name: 2Rt labs
Cross street/directions to job site: SW Hall Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Roof (Tear off and install) to commercial spec	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: 2Rt labs	
Address: same as above	
City/State/ZIP:	
Phone: 503-466-1636	Fax:
E-mail: webushnell	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Corin Pike	
Address: 13021 SE David circle	
City/State/ZIP:	
Phone: 503-436-6060	Fax:
E-mail: Corin.Pike@progressiveus.com	
CONTRACTOR	
Business name: Progressive Roofing	
Address: 23 N. 35th Ave	
City/State/ZIP: Phoenix AZ 85009	
Phone: (503) 436-6060	Fax:
CCB lic.: 159087	
Authorized signature: [Signature]	
Print name: Corin Pike	Date: 11/18/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 134,850.00	
Existing building area:	21,270 square feet
New building area:	21,270 square feet
Number of stories:	1-2
Type of construction:	Re Roof
Occupancy groups:	N/A
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	1,874.01
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved

OFFICE USE ONLY

Date Received: Permit No.: B20191-4697
Date Issued: 11-21-19 By: MK
Payment Type: Visa

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 10125 SW 153rd Ave
City/State/ZIP: Beaverton, Or 97007
Suite/bldg./apt. no.: Project name:

Cross street/directions to job site:

Wain & 153rd

Subdivision: Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Kitchen
Kitchen Renovation

PROPERTY OWNER

TENANT

Name: Cynthia McCauley
Address: 10125 SW 153rd Ave
City/State/ZIP: Beaverton Or 97007
Phone: 503-442-7099 Fax:
E-mail: CMccauley@yahoo.com

APPLICANT

CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone: Fax:

E-mail:

CONTRACTOR

Business name: Minerva Construction LLC
Address: 3605 SW Corbett Ave
City/State/ZIP: Portland, Or. 97239
Phone: Fax:

CCB lic.: 225782

Authorized signature: Scott A. Bryant

Print name: Scott Bryant Date: 11-12-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 10,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received:

Permit No.:

Date Issued: 11/21/2019

BY: [Signature]

Payment Type:

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address:

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Connect 4 Duct Detectors To Fire Alarm Panel

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

CONTRACTOR

Business name:

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.:

Authorized signature:

Print name:

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area:

square feet

Garage/carport area:

square feet

Covered porch area:

square feet

Deck area:

square feet

Other structure area:

square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area:

square feet

New building area:

square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 11/12/2019 Permit No.: B2019-4710
Date Issued: 11/12/2019 By: [Signature]
CITY OF BEAVERTON Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2900 SW West Point Ave
City/State/ZIP: Beaverton, OR 97225
Suite/bldg./apt. no.: Project name: Herbert 33622
Cross street/directions to job site:
Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Voluntary Seismic Retrofit

☒ PROPERTY OWNER

☐ TENANT

Name: Frank Herbert
Address: 2900 SW West Poltn Ave
City/State/ZIP: Beaverton, OR 97225
Phone: (503) 730-9997 Fax:
E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: TerraFirma Foundation Systems
Contact name: Elenita Ronquillo
Address: 13110 SW Wall St
City/State/ZIP: Tigard OR 97223
Phone: (503) 718-4533 Fax:
E-mail: eronquillo@terrafirmas.com

CONTRACTOR

Business name: TerraFirma Foundation Systems
Address: 13110 SW Wall St
City/State/ZIP: Tigard, OR 97223
Phone: (971) 205-5235 Fax:
CCB lic.: 173547

Authorized signature:

[Signature]

Date: 11/8/19

Print name:

ELENITA RONQUILLO

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$1,500.00
Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 10/11/2019 Permit No.: B2019-4263
Date Issued: 11/20/19 By: [Signature]
CITY OF BEAVERTON Payment Type: Check

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10750 SW Denney RD	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.: 120	Project name: Tillamook Country Smoker
Cross street/directions to job site: Denney Rd along west side of 217	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add pendent heads to new drop ceilings and replace existing upright heads with new heads (same model and sin number)	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Tillamook Country Smoker	
Address: 10750 SW Denney Rd	
City/State/ZIP: Beaverton, Oregon 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Fire One Fire Systems, INC	
Contact name: Nick Bocchetti	
Address: Po Box 734	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
E-mail: nick@fireone.org	
CONTRACTOR	
Business name: Fire One Fire Systems, INC	
Address: PO Box 734	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
CCB lic.: 98140	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$25,685.00

Existing building area: square feet 65000

New building area: square feet

Number of stories: 1

Type of construction: Tenant Improvement

Occupancy groups:

Existing: Extra Hazard .30/2500

New: Light Hazard .10/1500

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Nick S Bocchetti

Date:

10/19/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received:

Permit No. **B2019-4087**

Date Issued:

11/22/2019

Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13360 SW 17th Street	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Vandehey Fire Repair
Cross street/directions to job site: Between SW Valley Circle and SW Erickson Ave	
Subdivision: Channing Heights No. 2	Lot no.: 45
Tax map/parcel no.: 1S121AB18900	
DESCRIPTION OF WORK	
Repair/replace fire damaged roof framing, south wall framing, south elevated decks, north entry balcony and stairs, and interior floor framing as required. Remove and replace windows, interior finishes, and fixtures with like-kind.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Larry Vandehey	
Address: 13360 SW 17th Street	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: West Coast Forensics, Engineering and Design LLC	
Contact name: Jeffrey A Hopp	
Address: 3835 SW Kelly Ave, Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 232-5744	Fax: (503) 232-5372
E-mail: jeffhopp@wcfore.com	
CONTRACTOR	
Business name: Puroclean Restoration Services	
Address: 4804 NW Bethany Blvd, Suite I-2, PMB 315	
City/State/ZIP: Portland, OR 97229	
Phone: (503) 545-4866	Fax:
CCB Lic.: 211820	

Authorized signature:

Print name:

Jeffrey A. Hopp

Date:

11/21/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	70000
Existing building area:	3656 square feet
New building area:	3656 square feet
Number of stories:	2
Type of construction:	V-B
Occupancy groups:	R-2
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,197.22
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

STUDIO E - VILLASPORT TI

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10/22/2019 Permit No.: B2019-4378
Date Issued: 11-25-19 By: MK
CITY OF BEAVERTON Payment Type: VISA

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13900 SW MERIDIAN ST	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: VILLASPORT
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
STUDIO E-Interior Finishes Renovation	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: VILLA SPORT BV LLC	
Address: 150 Pelican Way	
City/State/ZIP: San Rafael CA 94901	
Phone: 415 448 8435	Fax:
E-mail: Rafael.Cervantes@150Pelican.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: VILLASPORT BV LLC	
Contact name: Rafael Cervantes	
Address: 150 Pelican Way	
City/State/ZIP: San Rafael, CA 94901	
Phone: 832 914 9604	Fax:
E-mail: Rafael.Cervantes@150Pelican.com	
CONTRACTOR	
Business name: VILLA SPORT LLC - OWNER-BUILDER	
Address: 150 Pelican Way	
City/State/ZIP: SAN RAFAEL CA 94901	
Phone: 415 448 8435	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$83,580.00	
Existing building area:	88195 square feet
New building area:	1500 square feet
Number of stories:	2
Type of construction:	11A-Sprinklered
Occupancy groups:	MIXED-occuancy A-3
Existing:	✓
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,246.44
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Date: 10-21-19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 10/31/2019	Permit No.: B2019-4517
Date Issued: 11-25-19	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Sign installation
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12825 SW 1st St	
City/State/ZIP: Beaverton Oregon 97005	
Suite/bldg./apt. no.:	Project name: dulcederm projecting sign
Cross street/directions to job site: SW 1st St and Main Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of a new projecting sign on an existing awning	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Tamara Sullivan	
Address: 12825 SW 1st St.	
City/State/ZIP: Beaverton Oregon 97005	
Phone: (503) 482-9465	Fax:
E-mail: tamara@dulcederm.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Beaverton Signs	
Contact name: Michael Holman	
Address: 3899 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 672-9037	Fax:
E-mail: mike@beaverton-signs.com	
CONTRACTOR	
Business name: same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.: 134942	

Authorized signature:

Print name:	Date:
Michael Holman	10/31/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 11-25-19	Permit No.: B2019-4913
Date Issued: 11-25-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2155 NW 173 rd Ave	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
COMPLETION OF EXPIRED SHELL BUILDING B2004-5007	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: MEHDI HIRTONABI	
Address: 2155 NW 173 rd Ave #102	
City/State/ZIP: Beaverton OR 97006	
Phone: 503-531-9990	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: SAME AS OWNER	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: ROBERT HAKES CONST.	
Address:	
City/State/ZIP:	
Phone: 503-318-1867	Fax:
CCB lic.: 200289	
Authorized signature: [Signature]	
Print name: MEHDI HIRTONABI	Date: 11/25/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$160.00
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 11/25/2019

Permit No.: B2019-4907

Date Issued: 11-26-19

By: *ME*

Payment Type: MC

TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other: Remove wall add new beam

JOB SITE INFORMATION AND LOCATION

Job site address: 6985 SW 162nd Place

City/State/ZIP: Beaverton, OR. 97007

Suite/bldg./apt. no.:

Project name: Craig Murray Home Addition

Cross street/directions to job site: SW 160th Avenue and Burntwood Way

Subdivision: Burntwood

Lot no.: 60

Tax map/parcel no.: Tax map: 1S120BC-02800/Parcel no. R117494

DESCRIPTION OF WORK

Remove existing 10' long wall. Install new structural LVL beam for support and add support columns as needed.

☒ PROPERTY OWNER

☐ TENANT

Name: Craig E. Murray

Address: 6985 SW 162nd Place

City/State/ZIP: Beaverton, OR. 97007

Phone: 503-709-4125

Fax:

E-mail: cmurray@rmff.com

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name: Craig E. Murray

Address: 6985 SW 162nd Place

City/State/ZIP: Beaverton, OR. 97007

Phone: 503-709-4125

Fax:

E-mail: cmurray@rmff.com

CONTRACTOR

Business name: Rob's Home Improvement Co.

Address: 15385 SW Thames

City/State/ZIP: Tigard, OR. 97224

Phone: 503-349-6332

Fax: 503-746-4459

CCB lic.: 79617

Authorized
signature:

Print name:

Craig E. Murray

Date:

11-24-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$3,500.00

Number of bedrooms: 3

Number of bathrooms: 2.252

Total number of floors: 2

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

\$260.97

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 10/29/2019 Permit No.: B2019-4467

Date Issued: 11/26/2019 By: [Signature]
CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3205 SW CEDAR HILLS BLVD	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: CEDAR HILLS CROSSING
Cross street/directions to job site: SW JENKINS RD	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALL FREESTANDING SIGN ON JENKINS FRONTAGE, RELATING TO SIGN PERMIT JUST ISSUED	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CENTER DEVELOPMENTS OREGON II, LLC	
Address: 1701 SE COLUMBIA RIVER DR	
City/State/ZIP: VANCOUVER WA 98661	
Phone:	Fax:
E-mail: sgarey@cejohn.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SECURITY SIGNS, INC	
Contact name: CYNDI STOCKS	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	
CONTRACTOR	
Business name: SECURITY SIGNS, INC	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
CCB lic.: 122809	
Authorized signature: [Signature]	Date:
Print name: CYNDI STOCKS	10/29/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$19,485.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Washington County

155 N. 1st AV, Suite 350, MS 12, Hillsboro, OR 97124

Land Use Approval: _____

Inspection Request: 503-846-3699 / www.co.washington.or.us/piro

Phone: 503-846-3470

www.co.washington.or.us

Project # _____

Permit # B2019-4679

11/20/2019

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
JOB SITE INFORMATION AND LOCATION	
Job site address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Hot Melt Install
Cross street/directions to job site: SW 141st & SW Hocken	
Plan No.	Reissue: No <input type="checkbox"/> Yes <input type="checkbox"/> Reissue Proj:
Subdivision:	Lot no.:
Tax map/parcel no.: R2088984	
DESCRIPTION OF WORK	
Installation of 3 Hot Melt machines	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Nike	
Address: 1 Bowerman Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Email:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Nike AIR MI	
Contact name: Ferdie Williams	
Address: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Phone: 9712260441	
Email:	
CONTRACTOR	
Business name: Omega Morgan	
Address: 23810 NW Huffman St	
City/State/ZIP: Hillsboro, OR 97124	
Phone:	CCB lic.: 127213
Email:	
ENGINEER	ARCHITECT
Engineer: VLMK	Architect:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Email:	Email:
Authorized signature:	
Print name: FERDIE WILLIAMS	Date: 11/8/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$20,000	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.	
STATEMENT OF FACT	
I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.	
I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead based paint, I will comply with all such regulations. _____ (initials)	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$943.41
Amount received	\$
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

*Fee methodology set by Tri-County Building Industry Service Board

Disclaimer: By signing this application, the permit applicant acknowledges and agrees that they have obtained any required permission for the proposed work from the property owner.

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: **10/29/2019** Permit No.: **B2019-4459**
Date Issued: **11/20/2019** By: **[Signature]**
CITY OF BEAVERTON Payment Type:
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11350 SW CANYON RD	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.:	Project name: BEAVERTON COMMERC
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALL (2) ILLUMINATED WALL SIGNS THAT WEIGH OVER 100 LBS EACH	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: EDGE DEVELOPMENT ELLIOTT INVESTMENTS, LLC	
Address: 2323 NW 23RD AVE #100	
City/State/ZIP: PORTLAND OR 97210	
Phone: (503) 297-7733	Fax:
E-mail: kyle@edgedevelopment.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SECURITY SIGNS, INC	
Contact name: CYNDI STOCKS	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
E-mail: permits@securitysigns.com	
CONTRACTOR	
Business name: SECURITY SIGNS, INC	
Address: 2424 SE HOLGATE BLVD	
City/State/ZIP: PORTLAND OR 97202	
Phone: (503) 546-7102	Fax: (503) 230-1861
CCB lic.: 122809	

Authorized signature:

Cyndi Stocks

Print name:

CYNDI STOCKS

Date:

10/28/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$13,470.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

**City Of Beaverton**

12725 SW Millikan Way

Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Residential Plumbing Authorization To Begin Work**05350-BPB-19-00403**

Approval Code: 026420 11/26/2019 6:30 am

E-mailed To: cornel@cornelsplumbing.com

TYPE OF WORK☐ New Construction ☒ Addition/alteration/replacement**CATEGORY OF CONSTRUCTION**☒ 1 or 2 family dwelling ☐ Multi-family ☐ Commercial ☐ Accessory**JOB SITE INFORMATION AND LOCATION**

Job Address: 13775 SW BONNIE BRAE CT

City/State/ZIP: BEAVERTON, OR 97005

Suite/bldg./apt.no.:

Project Name:

Cross Street/directions to job site:

Tax map/parcel no.: 1S116CD00605

DESCRIPTION OF WORK

Bathroom Remodeling, replace tub, replace tub shower valve

APPLICANT

Name: Corneliu Morariu

Phone: 5033179659

Fax: 5036460941

Email:

CONTRACTOR

Plumb lic. no.: PB2215

CCB lic. no.: 226109

Business Name: CORNELS PLUMBING INC

Contact:

Address: 5235 SW 153RD AVE

City/State/ZIP: BEAVERTON, OR 97007

Phone: 5036460941

Fax:

Email: CORNELL@CORNELSPLUMBING.COM

Metro lic. no.:

City lic. no.:

PLAN REVIEW

Please check all that apply:

- ☐ Med gas/vacuum system or health care facility
- ☐ Vacuum drainage waste and vent system
- ☐ Commercial booster pump
- ☐ Addition of a new motor load
- ☐ Installation of multi-purpose fire sprinkler systems
- ☐ Wastewater pretreatment system

- ☐ Reclaimed wastewater
- ☐ Chemical drainage waste and vent systems
- ☐ Multi-purpose Fire sprinkler system
- ☐ Water service with inside diameter or nominal pipe size of 2" or more except 2" systems designed/stamped by licensed Oregon engineer

FEE SCHEDULE

Description	Qty.	Ea.	Total
Fixture or Item			
Tub/shower/shower pan	1	\$20.31	\$20.31
Minimum Fees			
Balance of permit fees			\$76.33
Plumbing Permit Fees			
Subtotal			\$96.64
State surcharge (12% of permit total)			\$11.60
TOTAL PERMIT FEE			\$108.24

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

This Authorization to Begin Work is not a permit, to schedule inspections, you need a permit from City Of Beaverton
Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov
This Authorization To Begin Work must be posted at the job site until replaced by a Permit



Building Permit Application

12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222V/TDD
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-23-18	Permit No.: B2018-2232
Date Issued: 11-27-19	By: MK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7034 SW 156TH AVE	
City/State/ZIP: BEAVERTON OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: HART + 158TH	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPLACE EXISTING DECK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW RESIDENTIAL	
Contact name: PHILIPPE AGNESSE	
Address: PO BOX 230635	
City/State/ZIP: TIGARD OR 97281	
Phone: 503 860-2631	Fax:
E-mail: NW-residential@outlook.com	
CONTRACTOR	
Business name: NW RESIDENTIAL INC.	
Address: PO BOX 230635	
City/State/ZIP: TIGARD OR 97281	
Phone: 503 860-2631	Fax:
CCB lic.: 162494	
Authorized signature:	
Print name: PHILIPPE AGNESSE	Date: 5/23/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$16,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$244.14
Amount received	\$244.14
Date received:	5-23-18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 11-27-19	Permit No.: B2019-4939
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10425 SW Dunlin Pl	
City/State/ZIP: Beaverton/ Oregon/ 97007	
Suite/bldg./apt. no.:	Project name: SPINKS
Cross street/directions to job site: SW Murry BLVD to SW TEAL BLVD to SW 152nd ave to SW Hedlund to SW Dunlin Pl.	
Subdivision: Millennium Park Lot 4	Lot no.: 1S132AB17400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Widen interior doorway, raise header to floor joists above. No structural demands required to earth per engineer.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Scott Spinks	
Address: 10425 SW Dunlin Pl.	
City/State/ZIP: Beaverton, Oregon 97007	
Phone: 503-516-8839	Fax:
E-mail: scott.spinks42@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Oregon Trail Remodeling	
Contact name: Robb Reed	
Address: PO BOX 241	
City/State/ZIP: West Linn, Oregon 97068	
Phone: 503-342-2532	Fax:
E-mail: robb@otremodeling.com	
CONTRACTOR	
Business name: Oregon Trail Remodeling	
Address: PO Box 241	
City/State/ZIP: West Linn, Oregon 97068	
Phone: 503-342-2532	Fax:
CCB lic.: 186397	

Authorized
signature:

Print name:	Date:
Robert Reed	11/25/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$ 3590
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 11-27-19	Permit No.: B2019-4937
Date Issued: 11-27-19	By: [Signature]
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9800 SW Nimbus	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Nimbus Bathroom
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install pendent sprinkler heads in bathroom area.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Sound Fire Protection, Inc.	
Contact name: Casey Archer	
Address: 10772 SE Hwy 212	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 655-3775	Fax:
E-mail: Kc@Soundfirepro.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70003	

Authorized
signature:

Print name:	Date:
Casey Archer	11/20/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$499.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	
Occupancy groups:	B
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$92.00
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board